



*Telephone:*  
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The superintendent of schools of the employing district or county through whom the attached application for a District Intern Credential is being submitted has reviewed the information contained in this statement and certifies to the following:

1. Name of Applicant: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  

*First*

*Middle*

*Last*
2. District Intern Sponsor: \_\_\_\_\_  

☐ Ryan Multiple/Single Subject

☐ SB 2042 Multiple/Single Subject

☐ Special Education
3. Name of School: \_\_\_\_\_ Name of Principal: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  

*City*

*State*

*Zip*

  
Telephone Number: \_\_\_\_\_  
Name of District: \_\_\_\_\_ CDS Code: \_\_\_\_\_  
Name of County: \_\_\_\_\_ CDS Code: \_\_\_\_\_
4. Type of Assignment—check appropriate box and list specific subject(s):  

☐ Specified Subjects (grades 6–12): \_\_\_\_\_

☐ bilingual

☐ Self-Contained Classroom (grades K–8): \_\_\_\_\_

☐ bilingual

☐ Special Education \_\_\_\_\_

☐ CLAD Emphasis
5. Requirements Completed  
☐ Subject Assessment Titles and Scores: \_\_\_\_\_  
☐ Speaking component of the Bilingual, Crosscultural, Language and Academic Development (BCLAD) examination passed for certificates issued with a bilingual emphasis.
6. The district intern will be assisted and guided throughout the training period by a certificated employee who meets the requirements of California Education Code Section 44830.3(a).
7. The employing school or agency will provide the district intern with a professional development plan specified in California Education Code Section 44830.3(b) and mandatory preservice training required in California Education Code Section 44830.3(b)(3)(A) or (B).
8. A copy of the district’s Professional Development Plan has been submitted to the Commission.

*I hereby certify under penalty of perjury that all of the information contained in this statement is true and correct. The district agrees to notify the Commission if this teacher fails to complete the District Intern Program.*

Approved by:     ☐ District Superintendent                ☐ County Superintendent                ☐ Head of State Agency

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*Name (print of type)*

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*Signature*

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*Date*